

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

## I Reporting Information

Year: 2013  
 Fill in circle if amendment ☐  
 Report Period: ☒ January/June ☐ July/December  
 Type of Lobbying: ☐ Nonprocurement ☐ Procurement ☒ Both  
 Client Filing Fee Check Number:

FOR OFFICE USE ONLY

131646

cjm

RECEIVED JUL 12 2013

CL#10363 #50

## II Client Information

Name: New York Proton Management, LLC  
 Permanent Business Address: 1010 Northern Blvd., Suite 314  
 City: Great Neck State: NY ZIP code: 11021  
 Business Phone: (516)303-9221 Fax Number:  
 Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

<b>A</b> Type of Lobbyist: <input checked="" type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input checked="" type="radio"/> Both Name: The Carey Group LLC Phone Number: (212)912-3661 Address: 100 Wall Street, 24th Fl City: New York State: NY ZIP code: 10005 Compensation for current period: \$60,000 .00			
<b>B</b> Type of Lobbyist: <input checked="" type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both Name: Brown & Weinraub, PLLC Phone Number: (518)427-7350 Address: 50 State Street City: Albany State: NY ZIP code: 12207 Compensation for current period: \$30,000 .00			
<b>C</b> Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both Name: Phone Number: Address: City: State: ZIP code: Compensation for current period: \$ .00			
<input type="radio"/> Continued on attached pages			
<b>D TOTAL COMPENSATION</b> of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$90,000 .00			



#### IV Other Expenses (Current Semi-Annual Period Only)

**A** Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00

**C** Itemize each expense exceeding \$75:

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$ .00 ☐ \*Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$ .00 ☐ \*Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

\* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

**D** Total expenses for current period: \$ 0 .00 (if applicable, include all expenses from attached pages in total)

#### V Source of Funding Disclosure

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

##### Contribution(s) from Single Source #1

Single Source Entity's Name: Memorial Sloan - Kettering Cancer Center

or  
Single Source Person's Last Name: First Name:

Address: 1275 York Avenue

City: New York

State: NY

ZIP code: 10065

Phone: (212)639-2000

Date Contribution Received: 02 / 13 / 2013 Amount of Contribution: \$ 10,326 .00

Date Contribution Received: 04 / 13 / 2013 Amount of Contribution: \$ 15,437 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

##### Contribution(s) Single Source #2

Single Source Entity's Name: Radiation Therapy Services

or  
Single Source Person's Last Name: First Name:

Address: 2270 Colonial Blvd.

City: Fort Meyers

State: FL

ZIP code: 33907

Phone: (239)931-7275

Date Contribution Received: 02 / 13 / 2013 Amount of Contribution: \$ 10,326 .00

Date Contribution Received: 04 / 13 / 2013 Amount of Contribution: \$ 15,437 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒



## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source #3

Single Source Entity's Name: 34th Street Cancer Center

or  
Single Source Person's Last Name:

First Name:

Address: 130 East 34th Street

City: New York

State: NY

ZIP code: 10016

Phone: (212)731-5003

Date Contribution Received:	02	/	13	/	2013	Amount of Contribution:	\$6,711	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions:

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#### Contributions from Single Source # 4

Single Source Entity's Name: The Mount Sinai Hospital

or  
Single Source Person's Last Name:

First Name:

Address: 1 Gustave L. Levy Place

City: New York

State: NY

ZIP code: 10029

Phone: (212)241-6500

Date Contribution Received:	04	/	13	/	2013	Amount of Contribution:	\$ 10,081	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions:

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#### Contributions from Single Source # 5

Single Source Entity's Name: Montefiore Medical Center

or  
Single Source Person's Last Name:

First Name:

Address: 111 East 210th Street

City: Bronx

State: NY

ZIP code: 10467

Phone: (718)920-4321

Date Contribution Received:	04	/	13	/	2013	Amount of Contribution:	\$10,081	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions:

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## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source #3

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Check here if using section V(C) of the Addendum for additional Contributions:

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#### Contributions from Single Source # 6

Single Source Entity's Name: Beth Israel Medical Center

or

Single Source Person's Last Name:

First Name:

Address: 350 East 17th Street

City: New York

State: NY

ZIP code: 10003

Phone: (800)420-4004

Date Contribution Received:    04 / 13 / 2013      Amount of Contribution: \$ 10,081      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Check here if using section V(C) of the Addendum for additional Contributions:

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#### Contributions from Single Source #

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Date Contribution Received:      /      /      Amount of Contribution: \$      .00

Check here if using section V(C) of the Addendum for additional Contributions:

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**VI** Subjects lobbied:

Development and funding of New York Proton Center

☐ Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:

NYCEDC- Leigh D'Ambria, Tabby Gillim, Sarah St. Amand, Tawan Davis

☐ Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☐ Continued on attached pages

**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

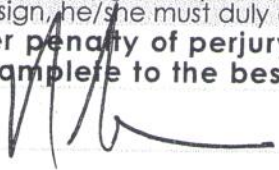
☐ Continued on attached pages

**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE:



DATE:

7/9/13

PRINT NAME: LAST Travis

FIRST Norton

TITLE: Executive Vice President

Mark One:



Chief Administrative Officer



Designee(Attach Letter)

**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.